

Rider Information Update



Riding Season: _____

Rider Name: _____

Contact Information

Household Address:

Mother's Name:

Father Names:

CAP Worker/Aide Name:

Phone Number:

Emergency Contact:

Phone:

Relationship to Rider:

Preferred Hospital for Emergency Treatment:

Best Email(s) for Program Communications: _____

Health Update

Height: _____ Weight: _____

Please describe any changes to your rider's health since last year. Note changes in capabilities, medication, seizure risks, etc. to help instructors plan for your child's sessions.

A physician Rx/clearance is needed before the start of each riding season.

New Medications: _____

Goals

Goals for upcoming riding season. Please also describe current PT/OT or school based goals: _____

Parent/Guardian Signature: _____ Date: _____